

## Individual Training Account Supplemental Worksheet

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_

1. Training Facility \_\_\_\_\_
2. Title of Training Course \_\_\_\_\_
3. Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_ Total Credit Hours \_\_\_\_\_

List of required classes: (Attach additional information, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of credit hours required electives \_\_\_\_\_

In District ☐ Out of District ☐  
Cost of Proposed Training:

Tuition \$ \_\_\_\_\_

Lab Fees \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**\*NOTE:** Training facility's billing plan should be recorded on reverse side of this form.

The undersigned, representing the training facility entered in Item 1 above, agrees to provide training for the above-named individual as provided in this agreement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Training Facility Representative's Signature)

Missouri Career Center - Ozark Region (MOCC) has referred the above-named individual for training as specified above. MOCC agrees the cost of the proposed training as itemized in Item 5 above has been made available. Upon receipt of an authorized invoice, payments, as identified on Side 2, will be made to the training facility for training completed.

☐ DESE

☐ Direct Payment Springfield Workforce Development Department

All payments are subject to availability of funds and applicable provisions of the Act.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Springfield Workforce Development Department Representative's Signature)

### Student Release of Information

I, \_\_\_\_\_, the undersigned, am fully aware of my responsibility to schedule the appropriate courses, in the correct sequence, in order to complete within the time frame of this training agreement. I also agree to the following: 1) Provide Workforce Development Specialist a copy of my class schedule *prior to the start* of each semester; 2) Notify Workforce Development Specialist *immediately of any changes* to the aforementioned schedule; 3) Submit grade reports upon completion of each semester; and 4) Contact my Workforce Development Specialist on a regular basis to discuss my progress. I understand that failure to comply with the conditions as stated herein could result in the revocation of this ITA. In addition, I hereby give permission to the above-mentioned training facility to release grades, attendance records, and/or enrollment information to Missouri Career Center/Springfield Workforce Development Department upon request.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participant's Signature)

## TRAINING FACILITY BILLING PLAN

Academic Year					
SEMESTER: YEAR:	Fall	Spg	Sum		TOTAL AMTS.
CREDIT HOURS					0
TUITION					\$0.00
LAB FEES					\$0.00
FEES					\$0.00
BOOKS/SUPPLIES					\$0.00
OTHER *					\$0.00
GRAD FEE					\$0.00
					\$0.00
<b>TOTALS</b>					\$0.00

Academic Year					
SEMESTER: YEAR:	Fall	Spg	Sum		TOTAL AMTS.
CREDIT HOURS					0
TUITION					\$0.00
LAB FEES					\$0.00
FEES					\$0.00
BOOKS/SUPPLIES					\$0.00
OTHER *					\$0.00
GRAD FEE					\$0.00
					\$0.00
<b>TOTALS</b>					\$0.00

\* Please itemize in NOTES section below.

Pell Information:    ☐ Has Applied    ☐ Not Eligible    ☐ Eligible \$\_\_\_\_\_

**BILLING:** The training facility will bill for total tuition, books, supplies, and fees at the beginning of each semester, or as soon as all charges are submitted for billing purposes to the Business Office. This is not to exceed the total amount authorized originally unless prior approval has been made by Missouri Career Center - Ozark Region.

NOTES:

\*Please itemize in NOTES section below.

Pell Information:    ☐ Has Applied    ☐ Not Eligible    ☐ Eligible \$\_\_\_\_\_

**BILLING:** The training facility will bill for total tuition, books, supplies, and fees at the beginning of each semester, or as soon as all charges are submitted for billing purposes to the Business Office. This is not to exceed the total amount authorized originally unless prior approval has been made by Missouri Career Center - Ozark Region.

NOTES:

**Please return completed form to Missouri Career Center - Ozark Region**

**Attn:** \_\_\_\_\_  
**Workforce Development Specialist**